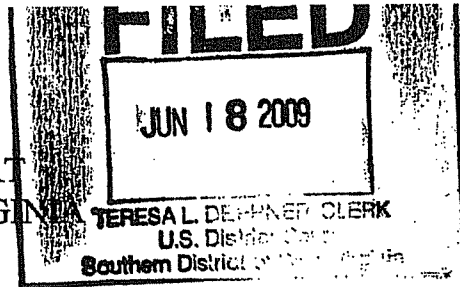


UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA



Alice A Williams  
Federal Prison Camp  
P.O. Box - A Range - 3B  
Alderson West Virginia 24910  
(Enter above the full name of the plaintiff  
or plaintiffs in this action).

19157-016  
  
  
(Inmate Reg. # of each Plaintiff)  
CA 1:09-0697

VERSUS

CIVIL ACTION NO. TRI-MXR-2009-00881  
(Number to be assigned by Court)

Mrs. Amber Nelson Warden  
Federal Prison Camp  
P.O. Box - A  
Alderson West Virginia 24910  
(Enter above the full name of the defendant  
or defendants in this action)

**COMPLAINT**

**I. Previous Lawsuits**

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes \_\_\_\_\_

No ✓

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs:

N/A

Defendants:

2. Court (if federal court, name the district; if state court, name the county);

N/A

3. Docket Number:

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

N/A

6. Approximate date of filing lawsuit:

7. Approximate date of disposition:

II. Place of Present Confinement: Federal Prison Alderson Camp

A. Is there a prisoner grievance procedure in this institution?

Yes ☒ No ☐

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ☒ No ☐

C. If you answer is YES:

1. What steps did you take? Filed B-9, B-10, B-11

And a Tort Claim as well

2. What was the result? All were Denied

D. If your answer is NO, explain why not: \_\_\_\_\_

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Alice Williams A. 19157-016

Address: Federal Prison Camp P.O. Box-A Alderson WV 24910

B. Additional Plaintiff(s) and Address(es): Helantha Jones A

1220 Alabama Street Gadsden, AL 35901

Ali Farid ah #58378-066 Federal Prison Camp

P.O. Box-A Alderson West Virginia 24910

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Mrs. Amber Nelson

is employed as: The Warden

at Alderson West Virginia 24910

D. Additional defendants: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

See Document Attached

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IV. Statement of Claim (continued):

---

---

---

---

---

---

---

---

---

---

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

I want the Court to Assist me in Attaining  
Monetary Reimbursement for my continuing time of my  
Embarrassment, Suffering, Emotional Distress And lost of weight behind this  
plus Physical Marks that Remain on my Body Because of the  
Care I ~~am~~ Recieved After my initial Self Health seeking  
behavior for a simple "Rash" recieved while working at Landscape  
At Alderson Federal Prison Camp period.



If so, state the lawyer's name and address:

\_\_\_\_\_  
\_\_\_\_\_

Signed this AW day of June 16, 2009.

Alice A. Williams

Federal Prison Camp P.O. Box - A

Alderson West Virginia 24910

Alice A. Williams

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 16, 2009  
(Date)

\_\_\_\_\_  
Signature of Movant/Plaintiff

\_\_\_\_\_  
Signature of Attorney  
(if any)

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

Alice A Williams 19157-016  
Federal Prison Camp  
P.O. Box - A Range - 3B  
Alderson West Virginia 24910  
(Enter above the full name of the plaintiff (Inmate Reg. # of each Plaintiff)  
or plaintiffs in this action).

VERSUS

CIVIL ACTION NO. TRT-MXR-2009-00881  
(Number to be assigned by Court)

Mrs. Alice Lowe Assist Warden  
Federal Prison Camp  
P.O. Box - A  
Alderson West Virginia 24910  
(Enter above the full name of the defendant  
or defendants in this action)

**COMPLAINT**

**I. Previous Lawsuits**

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes \_\_\_\_\_

No ☒ \_\_\_\_\_



B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs:

N/A

Defendants:

2. Court (if federal court, name the district; if state court, name the county);

N/A

3. Docket Number:

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

N/A

6. Approximate date of filing lawsuit:

7. Approximate date of disposition:

II. Place of Present Confinement: Federal Prison Camp Alderson

A. Is there a prisoner grievance procedure in this institution?

Yes ☒ No ☐

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ☒ No ☐

C. If you answer is YES:

1. What steps did you take? Filed B-9, B-10, B-11

And a Tort Claim as well

2. What was the result? All were Denied

D. If your answer is NO, explain why not: \_\_\_\_\_

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Alice A Williams 19157-016

Address: Federal Prison Camp P.O. Box - A Alderson West Virginia 24910

B. Additional Plaintiff(s) and Address(es): Helanthe Jones A 1220

Alabama Street Gadsden, AL 35901

AL: Faridah #59378-066 Federal Prison Camp

P.O. Box A Alderson West Virginia 24910

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Mrs. Alice Lubie

is employed as: The Assist Warden

at Alderson West Virginia 24910

D. Additional defendants: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

See Document attached

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV. Statement of Claim (continued):**

---

---

---

---

---

---

---

---

---

---

**V. Relief**

State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

I want the Court to Assist me in Attaining  
Monetary Reimbursement for my continuing time of my  
Embarrassment, Suffering, Emotional Distress and lost of weight  
behind this plus Physical Marks that remain on my Body.  
Because of the Care I received After my initial self Health  
Seeking behavior for a simple "Rash" received while working  
At Landscape at Alderson Federal Prison Camp period.

---

---

---

---

---

A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

person's name: N/A

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes ☒ No ☐

If so, state the name(s) and address(es) of each lawyer contacted:

Mrs. Roger D. Farmer of Formant Hubert C. 100 Capitol Street Suite 400 Charleston  
W, V 25301, Mrs. Jane Moran Law Office Post Office Drawer 221 Williamson N, V 25661

If not, state your reasons: \_\_\_\_\_

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes \_\_\_\_\_ No X

If so, state the lawyer's name and address:

\_\_\_\_\_  
\_\_\_\_\_

Signed this AW 16 day of June 16, 2009.

Alice A Williams 19157-016

Federal Prison Camp

P.O. Box - A Range - 3D

Alderson West Virginia 24910

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 16, 2009  
(Date)

\_\_\_\_\_  
Signature of Movant/Plaintiff

\_\_\_\_\_  
Signature of Attorney  
(if any)

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

Alice A Williams 19157-016  
Federal Prison Camp  
P.O. Box - A Range - 3B  
Alderson West Virginia 24910  
(Enter above the full name of the plaintiff (Inmate Reg. # of each Plaintiff)  
or plaintiffs in this action).

VERSUS

CIVIL ACTION NO. TP1-MXR-2009-00881  
(Number to be assigned by Court)

Mr. Blankenship Health Services Administration  
Federal Prison Camp  
P.O. Box - A  
Alderson West Virginia  
(Enter above the full name of the defendant  
or defendants in this action)

**COMPLAINT**

**I. Previous Lawsuits**

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes \_\_\_\_\_

No ☒ \_\_\_\_\_

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs:

N/A

Defendants:

2. Court (if federal court, name the district; if state court, name the county);

N/A

3. Docket Number:

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

N/A

6. Approximate date of filing lawsuit:

7. Approximate date of disposition:



II. Place of Present Confinement: \_\_\_\_\_

A. Is there a prisoner grievance procedure in this institution?

Yes ☒ No ☐

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ☒ No ☐

C. If your answer is YES:

1. What steps did you take? Filed B-9, B-10, B-11

And a Tort Claim as well.

2. What was the result? All were denied

D. If your answer is NO, explain why not: \_\_\_\_\_

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Alice A Williams 19157-016

Address: Federal Prison Camp P.O. Box - A Alderson West Virginia 24910

B. Additional Plaintiff(s) and Address(es): Helantha A Sene

1220 Alabama Street Gadsden, AL 35901

Ali Faridah #58378-066 Federal Prison Camp

P.O. Box - A Alderson West Virginia 24910

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Mr. Blankenship  
is employed as: The Health Service Administrator  
at Alderson West Virginia 24810

D. Additional defendants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

See Document Attached  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. Statement of Claim (continued):**

---

---

---

---

---

---

---

---

---

---

**V. Relief**

State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

I want the Court to Assist me in Attaining  
Monetary Reimbursement for my Continuing time of my  
Embarrassment, Suffering, Emotional Distress and loss of Weight  
behind this plus Physical MARKS that remain on my Body.

Because of the Care I recieved after my initial self Health  
Seeking behavior for a simple "Rash" recieved while working  
At Landscape at Alderson Federal Prison Camp period.

---

---



If so, state the lawyer's name and address:

\_\_\_\_\_  
\_\_\_\_\_

Signed this AW 16 day of June, 2009.

Alice A Williams 19157-016

Federal Prison Camp

P.O. Box - A Range - 3B

Alderson West Virginia 24910

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 16, 2009  
(Date)

\_\_\_\_\_  
Signature of Movant/Plaintiff

\_\_\_\_\_  
Signature of Attorney  
(if any)

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

Alice A Williams 19157-016  
Federal Prison Camp  
P.O. Box - A Range - 30  
Alderson West Virginia 24910  
(Enter above the full name of the plaintiff (Inmate Reg. # of each Plaintiff)  
or plaintiffs in this action).

VERSUS

CIVIL ACTION NO. TRT-MXR-2009-00881  
(Number to be assigned by Court)

Dr. Neal Rehberg Osteopath  
Federal Prison Camp  
P.O. Box - A  
Alderson West Virginia 24910  
(Enter above the full name of the defendant  
or defendants in this action)

**COMPLAINT**

**I. Previous Lawsuits**

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes \_\_\_\_\_

No ☒ \_\_\_\_\_

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs:

N/A

Defendants:

2. Court (if federal court, name the district; if state court, name the county);

N/A

3. Docket Number:

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

N/A

6. Approximate date of filing lawsuit:

7. Approximate date of disposition:





(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Dr. Neal Rehberg  
is employed as: Osteopath at Health Services  
at Alderson Federal Prison Camp

D. Additional defendants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

See Document Attached  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. Statement of Claim (continued):**

---

---

---

---

---

---

---

---

---

---

**V. Relief**

State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

I want the Court to Assist me in Attaining  
Monetary Reimbursement for my continuing time of my  
Embarrassment, Suffering, Emotional Distress and loss of weight  
behind this, plus Physical MARK's that remain on my Body.  
Because of the Care I received after my initial self Health  
seeking behavior for a simple "Rash" received while working  
at Landscape at Alderson Federal Prison Camp period.

V. Relief (continued):

---

---

---

---

---

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

N/A

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes ☒ No ☐

If so, state the name(s) and address(es) of each lawyer contacted:

MR. ROGER D. FORMAN of FORMAN + HUBER L.C. 100 Capitol Street Suite 4100 Charleston,  
WV 25301, MRS. JANE MORAN LAW OFFICE Post Office Drawer 221 Williamson WV 25661

If not, state your reasons: \_\_\_\_\_

\_\_\_\_\_

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes ☐ No ☒

If so, state the lawyer's name and address:

\_\_\_\_\_  
\_\_\_\_\_

Signed this AW 16 day of June, 2009.

Alice A Williams 19157-016

Federal Prison Camp

P.O. Box - A Alderson West Virginia 24910

Alice A. Williams

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 16, 2009  
(Date)

\_\_\_\_\_  
Signature of Movant/Plaintiff

\_\_\_\_\_  
Signature of Attorney  
(if any)

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

Alice A Williams

19157-016

Federal Prison Camp

P.O. Box-A Range-3B

Alderson West Virginia 24910

(Enter above the full name of the plaintiff  
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. TRT-MXR-2009-00891  
(Number to be assigned by Court)

Mrs. D. Renick Physical Assistant

Federal Prison Camp

P.O. Box-A

Alderson West Virginia 24910

(Enter above the full name of the defendant  
or defendants in this action)

**COMPLAINT**

**I. Previous Lawsuits**

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes \_\_\_\_\_

No ☒ \_\_\_\_\_

- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs:

N/A  
\_\_\_\_\_  
\_\_\_\_\_

Defendants:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county);

N/A  
\_\_\_\_\_  
\_\_\_\_\_

3. Docket Number: \_\_\_\_\_

4. Name of judge to whom case was assigned:

\_\_\_\_\_

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

N/A  
\_\_\_\_\_  
\_\_\_\_\_

6. Approximate date of filing lawsuit: \_\_\_\_\_

7. Approximate date of disposition: \_\_\_\_\_

**II. Place of Present Confinement:** \_\_\_\_\_

A. Is there a prisoner grievance procedure in this institution?

Yes ☒ No ☐

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ☒ No ☐

C. If you answer is YES:

1. What steps did you take? Filed B-9, B-10, B-11

And A Tort Claim as well

2. What was the result? All were Denied

D. If your answer is NO, explain why not: \_\_\_\_\_

**III. Parties**

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Alice A Williams 19157-016

Address: Federal Prison Camp P.O. Box-A Alderson West Virginia 24910

B. Additional Plaintiff(s) and Address(es): Helantha A Jones

1220 Alabama Street Gadsden, AL 35901

Ali Faridah 58378-066 Federal Prison Camp P.O. Box-A

Alderson West Virginia 24910

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Mrs. D. Renick

is employed as: The Physical Assistance Health Service

at Alderson West Virginia 24910

D. Additional defendants: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

See Document Attached

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**IV. Statement of Claim (continued):**

---

---

---

---

---

---

---

---

---

---

**V. Relief**

State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

I want the Court to Assist me in attaining  
Monetary Reimbursement for my continuing time of ~~stuck~~ my  
Embarrassment, Suffering, Emotional Distress and lost of weight behind  
this plus Physical MARKS that remain on my Body.

Because of the CARE I recieved After my initial self Health  
seeking behavior for a simple "Rash" recieved while working at  
Landscaping at Alderson Federal Prison Camp period.

**V. Relief (continued)):**

---

---

---

---

---

**VII. Counsel**

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

---

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes X No       

If so, state the name(s) and address(es) of each lawyer contacted:

Mr. Roger D. Forman of Forman & Huber L.C. 100 Capital Street Suite 400 Charleston WV  
25301, Mrs. Jane Moran Law Office Post Office Drawer 221 Williams WV 25661

If not, state your reasons: 

---

---

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes        No X

If so, state the lawyer's name and address:

\_\_\_\_\_  
\_\_\_\_\_

Signed this AW 16 day of June, 2009.

Alice Williams A 19152-016  
Federal Prison Camp  
P.O. Box - A - Range - 3B  
Alderson West Virginia 24910  
Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 16 2009  
(Date)

\_\_\_\_\_  
Signature of Movant/Plaintiff

\_\_\_\_\_  
Signature of Attorney  
(if any)

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

Alice A Williams

19157-016

Federal Prison Camp

P.O. Box - A Range-30

Alderson West Virginia 24910

(Enter above the full name of the plaintiff  
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. TR-MXR-2009-00881  
(Number to be assigned by Court)

Mr. Billy McMillion, RN Contract Staff

Federal Prison Camp

P.O. Box - A

Alderson

(Enter above the full name of the defendant  
or defendants in this action)

**COMPLAINT**

**I. Previous Lawsuits**

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes \_\_\_\_\_

No ☒

- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs:

N/A  
\_\_\_\_\_  
\_\_\_\_\_

Defendants:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county);

N/A  
\_\_\_\_\_  
\_\_\_\_\_

3. Docket Number: \_\_\_\_\_

4. Name of judge to whom case was assigned:

\_\_\_\_\_

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

N/A  
\_\_\_\_\_  
\_\_\_\_\_

6. Approximate date of filing lawsuit: \_\_\_\_\_

7. Approximate date of disposition: \_\_\_\_\_

**II. Place of Present Confinement:** \_\_\_\_\_

A. Is there a prisoner grievance procedure in this institution?

Yes ✓ No \_\_\_\_\_

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ✓ No \_\_\_\_\_

C. If you answer is YES:

1. What steps did you take? Filed B-9, B-10, B-11

And A Tort Claim as well

2. What was the result? All were Denied

D. If your answer is NO, explain why not: \_\_\_\_\_

**III. Parties**

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Alice A Williams 19157-016

Address: Federal Prison Camp P.O. Box-A Alderson West Virginia 24910

B. Additional Plaintiff(s) and Address(es): Helantha A Jones

1220 Alabama Street Gadsden, AL 35901

Ali Faridah 58378-066 Federal Prison Camp P.O. Box-A

Alderson West Virginia 24910

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Mr. Billy Mc Miller  
is employed as: RN Contract Staff at Health Service  
at Alderson West Virginia 24810

D. Additional defendants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

See Document Attached  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. Statement of Claim (continued):**

---

---

---

---

---

---

---

---

---

---

**V. Relief**

State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

I want the Court to Assist me in Attaining  
Monetary Reimbursement for my Continuing time of my  
Embarrassment, Suffering, Emotional Distress and loss of weight  
behind this plus Physical MARK's that Remain on my Body.  
Because of the Care I recieved after my initial self  
Health seeking behavior for a simple "Rash" recived while  
Working at Landscape at Alderson Federal Prison Camp period.

---

---



V. Relief (continued):

---

---

---

---

---

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

N/A

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes ☒ No ☐

If so, state the name(s) and address(es) of each lawyer contacted:

Mr. Roger D. Foreman of Foreman + Hubert, L.C. 100 Capital Street Suite 400 Charleston WV  
25301, Mrs. Jane Moran Law Office Post Office Drawer 221 Williamsburg, VA 25661

If not, state your reasons: \_\_\_\_\_

\_\_\_\_\_

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes ☐ No ☒

If so, state the lawyer's name and address:

\_\_\_\_\_  
\_\_\_\_\_

Signed this AW 16 day of June, 2009.

Alice A Williams 19157-016

Federal Prison Camp

P.O. Box - A Range-30

Alderson West Virginia 24910

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 16, 2009  
(Date)

\_\_\_\_\_  
Signature of Movant/Plaintiff

\_\_\_\_\_  
Signature of Attorney  
(if any)



19157-016 TERESA L DEPPNER  
P.O. BOX -2546  
Charleston, WV - 25329  
United States

8229 2925 9000 0891 E002



CERTIFIED MAIL